

Approved
MRE 5/21/24

Menu Save Reset Cancel Help

Record Detail * (This section is required.)

Permit Type Building/Residential/Garage/Detached Permit Number B24001481 Opened Date 04/25/2024

Description of Work SFD/ CONSTRUCT 30 X 40 X 10-4 DETACHED POLE BARN/, 1 STORY, Post & Pier, OR, OFB, OHB, OFP, OTHER STRUCTURE = Detached Garage, OBR, PORCH/DECK = N/A, ENERGY METHOD = N/A,

check spelling

Online BA.
=ZS 5/10/24

Address * (This section is required.)

Search Reset Clear Get Parcel & Owner

Street # 13720 Street Name TRIADELPHIA MILL Street Type RD
Unit Type --Select-- Unit # X Coordinate -76.99129 Y Coordinate 39.22159
City CLARKSVILLE State MD Zip Code 21029 Primary Yes

Parcel * (This section is required.)

Search Reset Clear Get Address & Owner

GIS ID * 876811 Parcel 300 Parcel Area 11.98 Land Value 0 Improved Value 1028500 Exemption Value 0 Plan Area RURAL

Legal Description LOT 11 11.98947 A []13720 TRIADELPHIA MILL R[]SABINE PROP

check spelling

Block 11 Census Tract 605101 Council Dist 5 Inspection Dist Supervisor Dist Map # DAP Zone
Plan Area State Tax Id 1405379253 Subdivision Name SABINE PROPERTY
Section Area Tax Map 28
Grid 28-19 Zoning District RR-DEO ADC Map 4933-B5
SDP No. Final Plan No. WP File No.
Record Plat No. 9578 WS Contract No. FDP No. Primary Yes
Owner Occupied 1995 Historic District No
Historic District Registry No. 5-04A Stat Area Flood Plain No
Building No

Owner (This section is not required.)

Search Reset Clear

Name * Kevin T
Address Line 1 13720 Triadelphia Mill Road
Address Line 2

Address Line 3

Mail City Clarksville
Mail State MD
Mail Zip Code 21029
Phone 443-277-0295
Primary Yes
E-mail

Cell Number Fax Number

Professionals (This section is not required.)

License # *
0

Business Name
OWNER TO ACT AS CONTRACTOR

License Type *
Property Owner

Primary
Yes

First Name **Middle Name** **Last Name**
KEVIN HINES

Address Line 1

Address Line 2

City **State** **ZIP Code**

Phone 1 **Phone 2** **Fax**

E-mail

Applicant (This section is not required.)

Search **As Owner** **As Lic. Prof** **As Contact**

Type *
Applicant

Relationship
Applicant

Primary
No

First Name **MI** **Last Name**
Kevin Hines

Full Name
Kevin Hines

Organization Name

Street Address
13720 Triadelphia Mill Road

Address Line 2

City **State** **Zip Code**
Clarksville MD 21029

Phone **Cell** **Fax**
443-277-0295

E-mail *
hineshouse@verizon.net

Contact (This section is not required.)

Search **As Owner** **As Lic. Prof** **As Contact**

Type
Contact

Relationship
Owner

Primary
Yes

First Name **MI** **Last Name**
Kevin Hines

Full Name
Kevin Hines

Organization Name

Street Address
13720 Triadelphia Mill Road

Address Line 2

City **State** **Zip Code**
Clarksville MD 21029

Phone **Cell** **Fax**
443-277-0295

E-mail
hineshouse@verizon.net

Addtl Info

Est Construction Cost * **Housing Units *** **Number of Buildings *** **Public Owned**
86500 0 0 No

Construction Type
434 - Additions, Alterations and Conversions - Residential

RESIDENTIAL ADDITION INFORMATION

RESIDENTIAL ADDITION INFORMATION

Capital Project-No Fee * **Capital Project Number** **Fee Exempt *** **Roadside Tree Project Permit** **Roadside Tree Pr**

Yes No (Text) Yes No Yes No

No of Stories * 1 (Text) Foundation * Post & Pier Basement * N/A No of Rooms * 0 (Text) Full Baths * 0 (Number) Ha 0

Model *

SFD/ CONSTRUCT 30 X 40 X 10-4 DETACHED POLE BARN/

[check spelling](#)

Other Structure *

Delached Garage

W & S Fees Paid

Yes No

1st Floor Width

FT (Number)

Total Square Footage *

1200

Walls

(Text)

Additional Description Info

Foundation *

Post & Pier

Water *

Private

1st Floor Depth

FT (Number)

SQFT (Number)

Roof

(Text)

Basement *

N/A

Utilities *

Electric

2nd Floor Width

FT (Number)

Occupiable Square Footage *

0

Grading Permit No

(Text)

Senior Housing

Yes No

Affordable Housing Funding *

N/A

MIHU Outside Downtown Columbia

Yes No

Expiration Date

11/5/2024

MIHU Required Units

(Num)

No of Rooms *

0 (Text)

Heating System *

Electric

Basement Width

FT (Number)

Basement Depth

FT (Number)

Height

(Text)

Full Baths *

0 (Number)

Type of Fireplace

-Select-

Sprinkler System *

None

[check spelling](#)

GREEN INFORMATION

Goal Level

-Select-

Actual Level

-Select-

Leed Registration Number

(Text)

Date of Leed Certification

STORM WATER MANAGEMENT

Green Roofs A1

Yes No

Permeable Pavements A2

Yes No

Reinforced Turf A3

Yes No

Disconnection of Rooftop Runoff N1

(Number)

Sheetflow to Conservation Areas N3

Yes No

Rainwater Harvesting M1

(Number)

Submerged Gravel Wetlands M2

(Number)

Landscape Infiltration

(Number)

Dry Wells M5

(Number)

Micro Bioretention M6

(Number)

Rain Gardens M7

(Number)

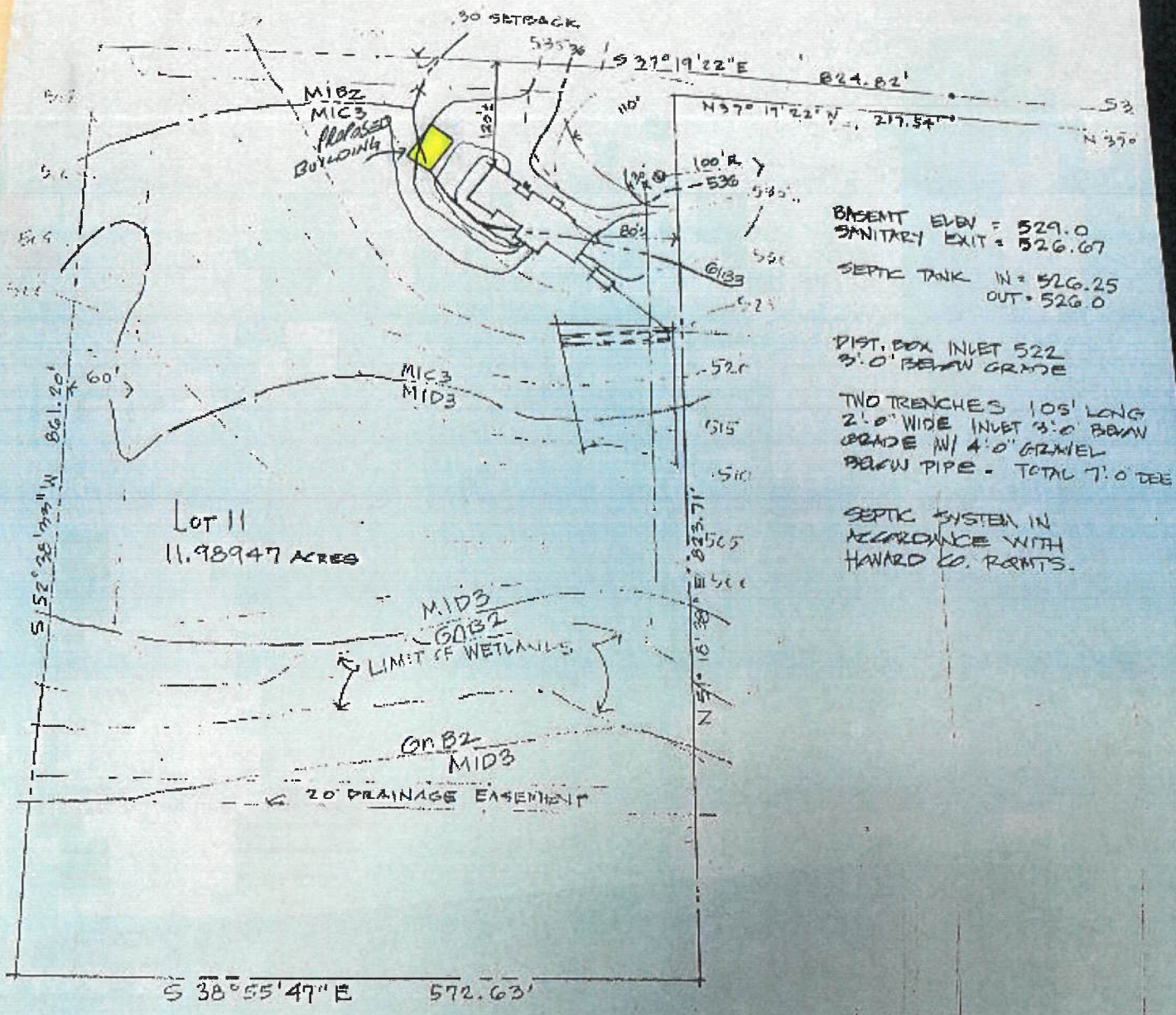
Swales M8

(Number)

PSWM Certification Received in CID on

Submit

Cancel



BASEMENT ELEV = 529.0
 SANITARY EXIT = 526.67
 SEPTIC TANK IN = 526.25
 OUT = 526.0

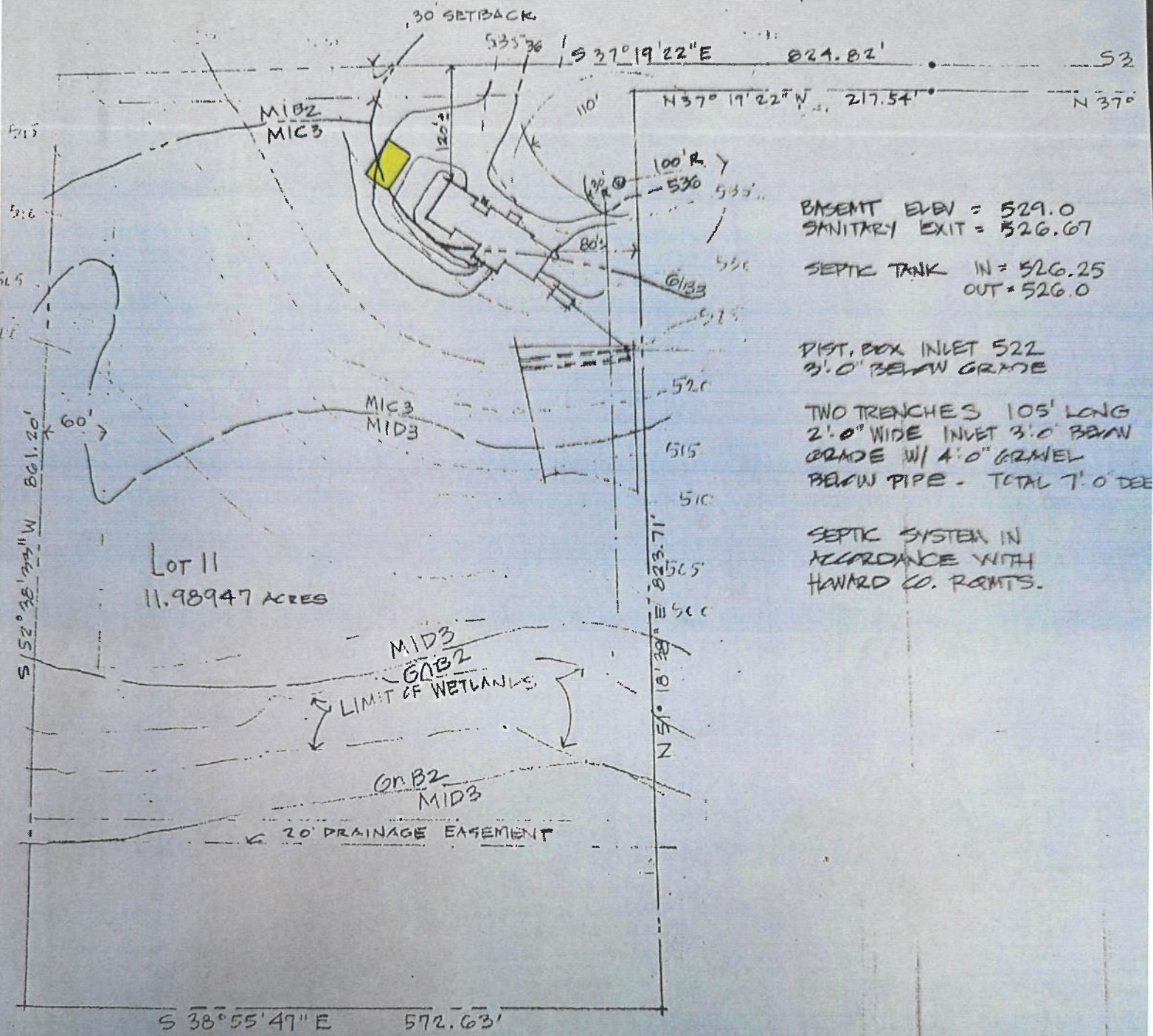
DIST. BOX INLET 522
 3.0' BELOW GRADE
 TWO TRENCHES 105' LONG
 2.0' WIDE INLET 3.0' BELOW
 GRADE W/ 4.0' GRANUL
 DRAIN PIPE - TOTAL 7.0' DEE

SEPTIC SYSTEM IN
 ACCORDANCE WITH
 HAWARD CO. PERMITS.

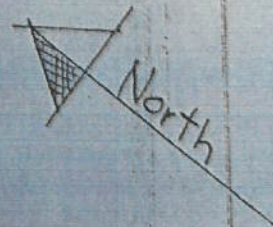
SITE PLAN scale 1" = 100' 0"



INFORMATION FOR THIS SITE PLAN
 WAS TAKEN FROM FINAL PLAT
 SABINE PROPERTY DATED 2.5.90
 PREPARED BY SHANABERGER & LANE

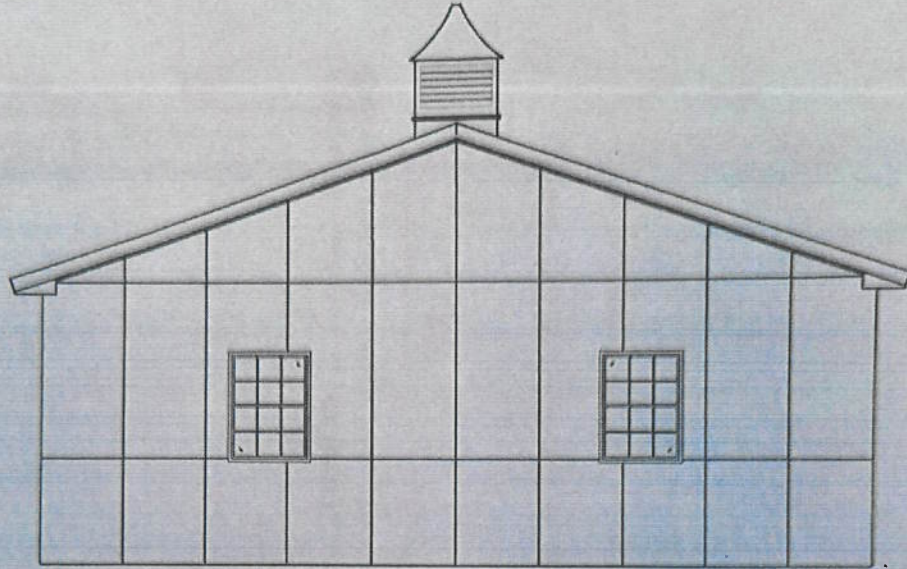


SITE PLAN scale 1" = 100' 0"

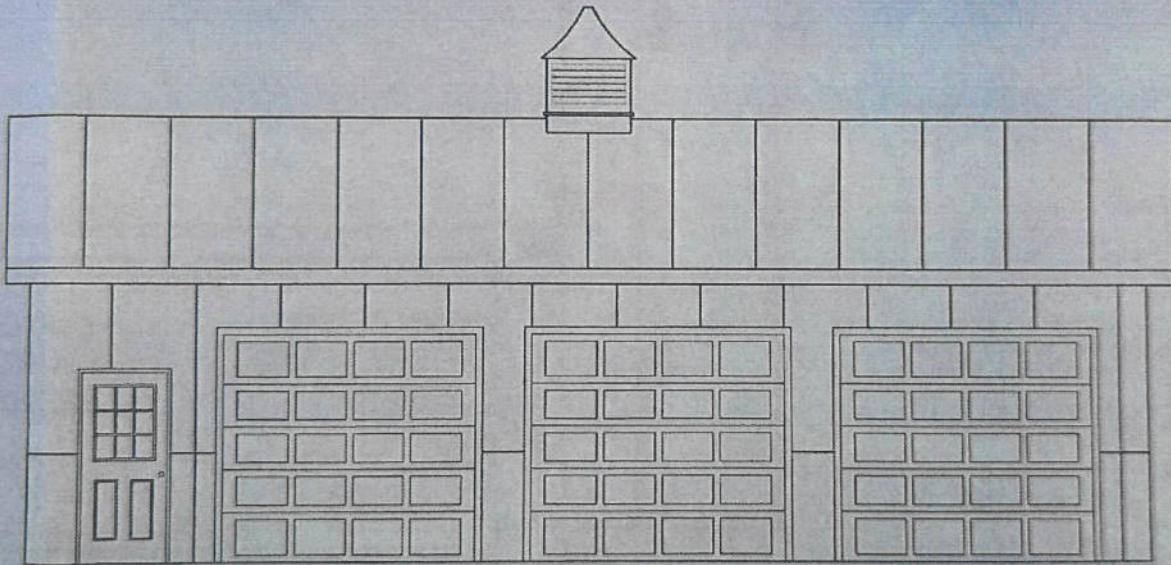


INFORMATION FOR THIS SITE PLAN
WAS TAKEN FROM FINAL PLAT
SABINE PROPERTY DATED 2.5.90
PREPARED BY SHANABERGER & LANE

Eave #2:
Gable #1:
Front
Eave #1:
Front



GABLE #2



15'-8 1/8"

EAVE #1

BUILDING SIZE: 30x40x10'-4"

DATE: 4-9-2024

DRAWN BY: HEIDI KLOCK
CHECKED BY:

Job Number: HINES-1

SHEET: Elevations

PPB. Inc.

Pioneer Pole Buildings, Inc.
716 South Rt. 183
Schuylkill Haven, PA 17972
1-888-448-2505 Toll Free

JOB SITE ADDRESS:
SAME

CUSTOMER ADDRESS:
KEVIN R. HINES
13720 TRILADELPHIA MILL ROAD
CLARKSVILLE, MD 21029
410-531-6697 (H)
443-277-0295 (M)

N PERMISSION

12/4/92 AM & PM 12:40
10:30
12-4-92 ASAP 12 noon

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH
~~XXXXXXXX~~ 313-2640

INDEXED

05-379253

P 48958

A 45673

DISTRICT 5th

DATE 2/22/93

DATE SYSTEM APPROVED 12/4/92

INSPECTOR CW/JN

Jack Fyock Septic Service IS PERMITTED TO INSTALL ALTER

ADDRESS 13775 Triadelphia Road, Glenelg, Maryland 21737 PHONE 988-9270

SUBDIVISION Sabine Property LOT 11 ROAD 13720 Triadelphia Mill Road

PROPERTY OWNER Ronald L. Hines

ADDRESS _____

SEPTIC TANK CAPACITY 1500 GALLONS

NUMBER OF BEDROOMS 5

210 SQUARE FEET PER BEDROOM

210
5
4(105,0)
263

98
2.4
38.2
19.6
235.2

LINEAR FEET OF TRENCH REQUIRED 263

TRENCHES - Trench to be 2 feet wide. Inlet 3 feet below original grade. Bottom maximum depth 7 feet below original grade. Effective area begins at 3 feet below original grade. 4 feet of stone below distribution pipe.

LOCATION - From the inside lot corner at the end of the pipe-stem access, place the distribution box 235 feet down the front (823') lot line and 10 feet off that lot line. Run trenches along contour toward rear (861') lot line.

NOTES - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. ok/cw

PLANS APPROVED BY C. Williams DATE 6/12/92

COVER NO WORK UNTIL INSPECTED AND APPROVED

NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM

NOTE: CLEANOUT REQUIRED EVERY 70 FEET OF SEWER LINE AND/OR AT 90° SWEEPS IN LINES FROM HOUSE TO DRAIN FIELDS, 90° ELBOWS NOT ACCEPTABLE.

NOTE: ALL PARTS OF SEPTIC SYSTEMS (I.E. TANK, DISTRIBUTION BOX TRENCHES) TO BE 100 FEET FROM WELL (UNLESS OTHERWISE SPECIFICALLY AUTHORIZED)

NOTE: IF DEEP TRENCH(ES) ARE USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCH(ES)

NOTE: NO DRY WELL SHALL EXCEED 15 FOOT IN DIAMETER NO ABSORPTION TRENCH TO EXCEED 100 FEET IN LENGTH

NOTE: ALL PIPE FROM HOUSE TO SEPTIC TANK MUST BE CAST IRON OR SCHEDULE 35/40 PVC OR ABS

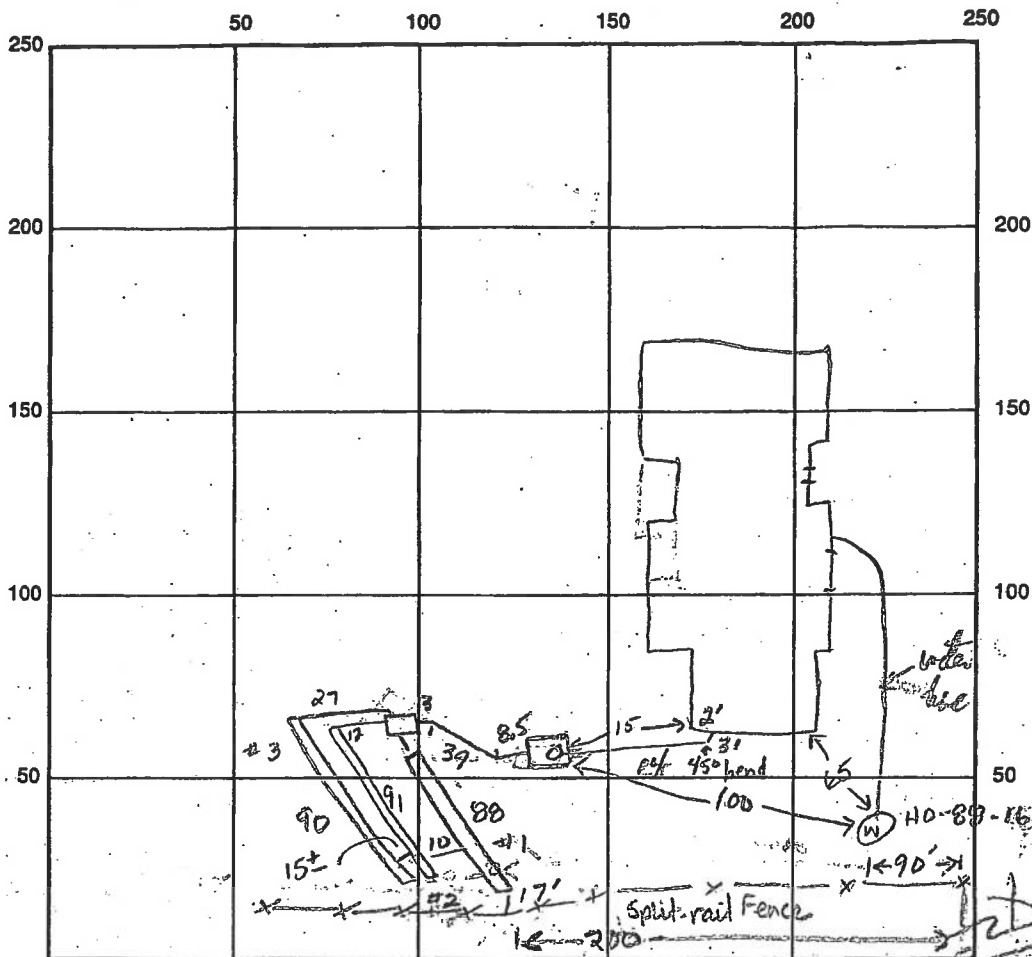
PERMIT VOID AFTER TWO YEARS

NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL STAND PIPES MUST BE 6 INCHES IN DIAMETER CAST IRON, CONCRETE OR TERRA COTTA OR PVA OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET. MANHOLE TO GRADE REQUIRED.

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

***INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT**

A
1/15/93



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

Madeline Mill Road

SEPTIC TANK LEVEL 1500 gal

CLEANOUTS 1 on septic tank

DISTRIBUTION BOX LEVEL OK (w/ divider)

DRAIN FIELD/TITLE DEPTH 7 ? 7.0 FT.

TRENCH WIDTH 2 FT.

INLET DEPTH 3 3 3 FT.

EFFECTIVE GRAVEL DEPTH 4 4 4.0 FT.

TOTAL LENGTH 88 91 90 FT.

NUMBER OF TRENCHES 3

ONE SIDEWALL BOTTOM AREA 302/301/360 SQ. FT.

DRYWALL INSIDE DIAMETER _____ FT.

EFFECTIVE DEPTH BELOW INLET _____ FT.

ABSORBENT AREA 1086 SQ. FT.

REMARKS: ^{10:30am} 12-3-92 OK to cover tank. JEN. ^{10:45pm} 12-3-92 Trench full of stone except last 15 feet, OK to lay paper and cover trench #3, OK to add stone to trench #2 leaving opening to bottom at middle and end of trench. JEN ^{4:45pm} 12-3-92 Trench #2 full of stone and covered w/ fill except for 5ft at beginning of trench.

5x (1/2) 1ft diam. boulders evident at top of fill cover. Bottom of trench unobserved.

^{9:30am} 12-4-92 OK to add stone to trench #1, pipe & paper, OK to cover leaving tail end open JEN JEN

12-4-92 ^{10:45} OK to cover trench #1. JEN 12/4/92 INSPECTOR C. William (J.N.)

DATE SYSTEM APPROVED _____





Eshenbaugh, Melanie

From: ronairinc@verizon.net
Sent: Tuesday, May 21, 2024 9:43 AM
To: Eshenbaugh, Melanie
Subject: Hines - B24001481
Attachments: KevinWell1.jpg; KevinWell2.jpg

[Note: This email originated from outside of the organization. Please only click on links or attachments if you know the sender.]

Hi Melanie,

Please let me know if you need anything additional.

On Thursday, May 16, 2024, 2:34 PM, Eshenbaugh, Melanie <MEshenbaugh@howardcountymd.gov> wrote:

Good afternoon,

After review of the proposed project and conducting a site visit at the property, we have determined that the condition of the well poses a groundwater contamination risk to the occupants of the property. As a result of the health concern upon inspection of the well, we kindly request that you repair the conduit prior to approval of the building permit. Additionally, we recommend lab testing of the well water for the property. The Community Hygiene program can assist with providing specific information and scheduling of water sampling in order to ensure that the water supply to the residence meets current potability standards for safe consumption. The number to call is 410-313-1773 & for more information see link <https://www.howardcountymd.gov/health/well-water-testing>. Please let us know when the well conduit has been taken care of and provide supportive documentation in order to move forward with the building permit approval process. Thank you kindly and have a great rest of your day.

Melanie Eshenbaugh

Bureau of Environmental Health

Howard County Health Dept.

8930 Stanford Blvd. Columbia, MD 21045

www.hchealth.org



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Melissa Thompson

Office Manager

Ron Air Inc.

4830 Ten Oaks Road

Dayton, MD 21036

P: 410-988-9190

F: 410-531-5072

DO NOT REMOVE THIS TAG
DEPARTMENT OF THE ENVIRONMENT
WELL PERMIT NUMBER
HO-884-1636
FORMATION-GIVE NUMBER AND
2500 BROOKING HIGHWAY
BALTIMORE MARYLAND 21224



